



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E393811**

|                                      |   |   |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/>  | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/>                  | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>   | PRIVATE WAY <input type="checkbox"/>            | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATION

CASE # **15-00132**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02**

OBJECT STRUCK

DATE OF COLLISION **01 - 14 - 2015**

TIME (2400) **1318**

COUNTY # **31**

MILES

CITY #

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☒

NON-INTERSECTION ☐

**LUNDEEN PARKWAY**

BLOCK NO. ☒

**2000**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

**STATE ROUTE 9**

UNIT 01

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

**D: 4259234528**

LAST NAME **GRAY**

FIRST NAME **RICHARD**

MIDDLE INITIAL **L**

STREET NEW ADDRESS **1705 90TH DR NE**

CITY **LAKE STEVENS**

ST **WA**

ZIP **982582466**

CDL **A**

RESTRICTIONS **K**

ENDORSEMENTS **L, N, T**

DRIVER'S LICENSE # **GRAY\*RL466OR**

STATE **WA**

SEX **M**

D.O.B. **MMDDYYYY**

**09**

**19**

**1954**

ON DUTY ☐

STATUS

AIRBAG **2**

RESTR. **4**

EJECT **1**

HELMET USE

INJURY CLASS **1**

NATURE OF INJURIES

LICENSE PLATE # **B91979G**

STATE **WA**

VIN#

**1GDM7F1BX8F402452**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2008**

MAKE **GMC**

MODEL **SWEEP**

STYLE **TB**

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CEMEX MATERIALS PO BOX 2037 EVERETT WA 98213**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **THE INS. CO CA 3814855**

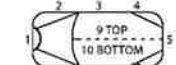
VEHICLE LEGALLY STANDING YES ☐ NO ☒

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

**D: 4254462483**

LAST NAME **JENSEN**

FIRST NAME **JEFF**

MIDDLE INITIAL **E**

STREET NEW ADDRESS **11701 NE 19TH ST**

CITY **LAKE STEVENS**

ST **WA**

ZIP **982580000**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE # **JENSEJE5100S**

STATE **WA**

SEX **M**

D.O.B. **MMDDYYYY**

**09**

**10**

**1949**

ON DUTY ☐

STATUS

AIRBAG **2**

RESTR. **4**

EJECT **1**

HELMET USE

INJURY CLASS **1**

NATURE OF INJURIES

LICENSE PLATE # **B96605Z**

STATE **WA**

VIN#

**1FTYR10D17PA58153**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2007**

MAKE **FORD**

MODEL **RANPU**

STYLE **PK**

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CSK INC SHUCKS LSE 805 VERNON RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **SAFETY NATIONAL CAS4043739**

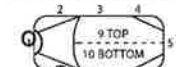
VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**CHAD CHRISTENSEN**

BADGE OR ID #

**075**

AGENCY

**WA0311900**

DADT A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E393811

CASE #

15-00132

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 was stopped for the traffic signal on Lundeen Parkway at SR 9. Unit 2 was directly behind Unit 1 waiting for the traffic signal. Driver of Unit 1 indicated the traffic light did not change and backed into Unit 2 while trying to turn his vehicle around. Both vehicle's were driven away from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

01-20-15 04:08 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

1/20/2015 9:45:29 PM

BADGE OR ID # 075

ORI # WA0311900

TIME POLICE DISPATCHED 1:20 PM

TIME POLICE ARRIVED 1:23 PM



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO.

E393811

CASE # 15-00132

COMMERCIAL MOTOR CARRIER

|              |   |       |  |       |  |              |  |                 |  |
|--------------|---|-------|--|-------|--|--------------|--|-----------------|--|
| UNIT #       | 1 | USDOT |  | ICG # |  | VEHICLE TYPE |  | CARGO BODY TYPE |  |
| CARRIER NAME |   |       |  |       |  |              |  |                 |  |

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| CARRIER ADDRESS |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

|      |  |    |  |     |  |
|------|--|----|--|-----|--|
| CITY |  | ST |  | ZIP |  |
|------|--|----|--|-----|--|

|             |  |         |    |      |   |         |  |   |  |                   |  |
|-------------|--|---------|----|------|---|---------|--|---|--|-------------------|--|
| NAME SOURCE |  | # AXLES | 00 | GVWR | 0 | PLACARD |  | + |  | NAME IF NO NUMBER |  |
|-------------|--|---------|----|------|---|---------|--|---|--|-------------------|--|

ADDITIONAL UNITS

|        |  |               |                          |             |                          |            |                          |                |                          |                      |  |       |  |
|--------|--|---------------|--------------------------|-------------|--------------------------|------------|--------------------------|----------------|--------------------------|----------------------|--|-------|--|
| UNIT # |  | MOTOR VEHICLE | <input type="checkbox"/> | PEDAL-CYCLE | <input type="checkbox"/> | PEDESTRIAN | <input type="checkbox"/> | PROPERTY OWNER | <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input type="checkbox"/> NO <input type="checkbox"/> | PHONE |  |
|--------|--|---------------|--------------------------|-------------|--------------------------|------------|--------------------------|----------------|--------------------------|----------------------|--|-------|--|

|           |  |            |  |                |  |
|-----------|--|------------|--|----------------|--|
| LAST NAME |  | FIRST NAME |  | MIDDLE INITIAL |  |
|-----------|--|------------|--|----------------|--|

|                    |                          |  |
|--------------------|--------------------------|--|
| STREET NEW ADDRESS | <input type="checkbox"/> |  |
|--------------------|--------------------------|--|

|      |  |    |  |     |  |
|------|--|----|--|-----|--|
| CITY |  | ST |  | ZIP |  |
|------|--|----|--|-----|--|

|     |  |              |  |              |  |
|-----|--|--------------|--|--------------|--|
| CDL |  | RESTRICTIONS |  | ENDORSEMENTS |  |
|-----|--|--------------|--|--------------|--|

|                    |  |       |  |     |  |        |          |   |  |   |  |
|--------------------|--|-------|--|-----|--|--------|----------|---|--|---|--|
| DRIVER'S LICENSE # |  | STATE |  | SEX |  | D.O.B. | MMDDYYYY | - |  | - |  |
|--------------------|--|-------|--|-----|--|--------|----------|---|--|---|--|

|         |                          |        |  |        |  |        |  |       |  |            |  |              |  |                    |  |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS |  | AIRBAG |  | RESTR. |  | EJECT |  | HELMET USE |  | INJURY CLASS |  | NATURE OF INJURIES |  |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|

|                 |  |       |  |      |  |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # |  | STATE |  | VIN# |  |
|-----------------|--|-------|--|------|--|

|                 |  |       |  |                 |  |       |  |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # |  | STATE |  | TRAILER PLATE # |  | STATE |  |
|-----------------|--|-------|--|-----------------|--|-------|--|

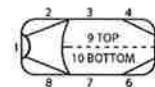
|           |  |      |  |       |  |       |  |               |  |          |  |               |  |
|-----------|--|------|--|-------|--|-------|--|---------------|--|----------|--|---------------|--|
| VEH. YEAR |  | MAKE |  | MODEL |  | STYLE |  | VEHICLE TOWED | YES <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY |  | GOVT. VEHICLE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|---------------|--|----------|--|---------------|--|

REGISTERED OWNER INFO.

|                               |                          |                         |  |
|-------------------------------|--------------------------|-------------------------|--|
| LIABILITY INSURANCE IN EFFECT | <input type="checkbox"/> | INSURANCE CO & POLICY # |  |
|-------------------------------|--------------------------|-------------------------|--|

|                          |  |            |  |        |  |
|--------------------------|--|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # |  | CHARGE |  |
|--------------------------|--|------------|--|--------|--|

SHADE IN DAMAGED AREA



|        |  |               |                          |             |                          |            |                          |                |                          |                      |  |       |  |
|--------|--|---------------|--------------------------|-------------|--------------------------|------------|--------------------------|----------------|--------------------------|----------------------|--|-------|--|
| UNIT # |  | MOTOR VEHICLE | <input type="checkbox"/> | PEDAL-CYCLE | <input type="checkbox"/> | PEDESTRIAN | <input type="checkbox"/> | PROPERTY OWNER | <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input type="checkbox"/> NO <input type="checkbox"/> | PHONE |  |
|--------|--|---------------|--------------------------|-------------|--------------------------|------------|--------------------------|----------------|--------------------------|----------------------|--|-------|--|

|           |  |            |  |                |  |
|-----------|--|------------|--|----------------|--|
| LAST NAME |  | FIRST NAME |  | MIDDLE INITIAL |  |
|-----------|--|------------|--|----------------|--|

|                    |                          |  |
|--------------------|--------------------------|--|
| STREET NEW ADDRESS | <input type="checkbox"/> |  |
|--------------------|--------------------------|--|

|      |  |    |  |     |  |
|------|--|----|--|-----|--|
| CITY |  | ST |  | ZIP |  |
|------|--|----|--|-----|--|

|     |  |              |  |              |  |
|-----|--|--------------|--|--------------|--|
| CDL |  | RESTRICTIONS |  | ENDORSEMENTS |  |
|-----|--|--------------|--|--------------|--|

|                    |  |       |  |     |  |        |          |   |  |   |  |
|--------------------|--|-------|--|-----|--|--------|----------|---|--|---|--|
| DRIVER'S LICENSE # |  | STATE |  | SEX |  | D.O.B. | MMDDYYYY | - |  | - |  |
|--------------------|--|-------|--|-----|--|--------|----------|---|--|---|--|

|         |                          |        |  |        |  |        |  |       |  |            |  |              |  |                    |  |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS |  | AIRBAG |  | RESTR. |  | EJECT |  | HELMET USE |  | INJURY CLASS |  | NATURE OF INJURIES |  |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|

|                 |  |       |  |      |  |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # |  | STATE |  | VIN# |  |
|-----------------|--|-------|--|------|--|

|                 |  |       |  |                 |  |       |  |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # |  | STATE |  | TRAILER PLATE # |  | STATE |  |
|-----------------|--|-------|--|-----------------|--|-------|--|

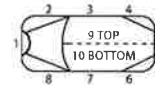
|           |  |      |  |       |  |       |  |               |  |          |  |               |  |
|-----------|--|------|--|-------|--|-------|--|---------------|--|----------|--|---------------|--|
| VEH. YEAR |  | MAKE |  | MODEL |  | STYLE |  | VEHICLE TOWED | YES <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY |  | GOVT. VEHICLE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|---------------|--|----------|--|---------------|--|

REGISTERED OWNER INFO.

|                               |                          |                         |  |
|-------------------------------|--------------------------|-------------------------|--|
| LIABILITY INSURANCE IN EFFECT | <input type="checkbox"/> | INSURANCE CO & POLICY # |  |
|-------------------------------|--------------------------|-------------------------|--|

|                          |  |            |  |        |  |
|--------------------------|--|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # |  | CHARGE |  |
|--------------------------|--|------------|--|--------|--|

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

01-20-15 04:08 PM

DATED:

PLACE SIGNED

BADGE OR ID # 075 ORI # WA0311900

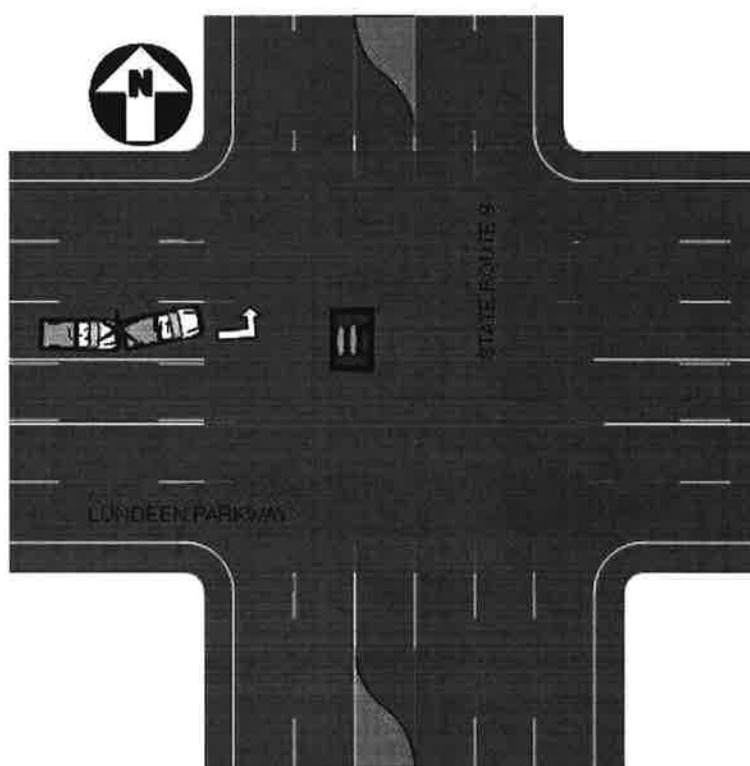
APPROVED BY MINER

DATE 1/20/2015

PAGE 3

OF 4

DRAWING IS NOT TO SCALE

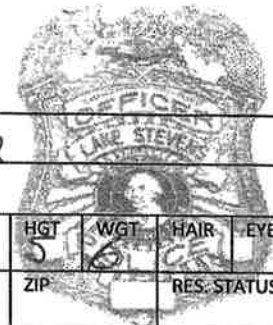


# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00132



### VICTIM / WITNESS

|                                   |  |                      |     |             |                              |     |             |           |      |      |
|-----------------------------------|--|----------------------|-----|-------------|------------------------------|-----|-------------|-----------|------|------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE)<br>Gentry Rick L | RACE<br>W            | ETH | SEX<br>M    | DOB<br>9/19/1960             | AGE | HGT<br>5    | WGT<br>16 | HAIR | EYES |
| STREET ADDRESS<br>1705 90th Dr NE |  | CITY<br>Lake Stevens |     | STATE<br>WA |                              | ZIP | RES. STATUS |           |      |      |
| HOME PHONE<br>425 923 4528        |  | CELL PHONE           |     |             | PLACE OF EMPLOYMENT<br>Cemex |     |             |           |      |      |
| WORK PHONE<br>425 355 2115        |  | EMAIL ADDRESS        |     |             |                              |     |             |           |      |      |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was in left turn lane Light didn't change Decided to head South Looked in my mirror Back up hitting front of his truck

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                              |                        |                                 |
|------------------------------|------------------------|---------------------------------|
| SIGNATURE:<br>               | DATE SIGNED<br>1/14/15 | LOCATION SIGNED<br>Lake Stevens |
| OFFICER/NUMBER:<br>11000-115 | DATE SIGNED<br>1/20/15 | LOCATION SIGNED                 |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER 15-00132

### VICTIM / WITNESS

|                                    |  |                             |     |          |                                 |           |              |            |             |             |
|------------------------------------|--|-----------------------------|-----|----------|---------------------------------|-----------|--------------|------------|-------------|-------------|
| NON-DISC <input type="checkbox"/>  | NAME (LAST, FIRST MIDDLE)<br>JEFF JENSEN | RACE<br>W                   | ETH | SEX<br>M | DOB<br>9-10-49                  | AGE<br>65 | HGT<br>5'11" | WGT<br>180 | HAIR<br>GRY | EYES<br>BLU |
| STREET ADDRESS<br>11701 17TH ST NE |  | CITY<br>LAKE STEVENS        |     |          | STATE<br>WA                     |           | ZIP<br>98258 |            | RES. STATUS |             |
| HOME PHONE<br>425 446 2483         |  | CELL PHONE<br>425 446 2483  |     |          | PLACE OF EMPLOYMENT<br>ORELLAYS |           |              |            |             |             |
| WORK PHONE<br>425 335 7358         |  | EMAIL ADDRESS<br>JSM@JENSEN |     |          |                                 |           |              |            |             |             |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS PARLED BEHIND SWEEPER TRUCK AT STOP LIGHT ON LUNDEN ST GOING EAST TURNING NORTH ON HWY 9 AND SWEEPER TRUCK BACKED INTO ME WITH NO NOTICE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                                       |                        |                                 |
|---------------------------------------|------------------------|---------------------------------|
| SIGNATURE:<br>                        | DATE SIGNED<br>1-14-15 | LOCATION SIGNED<br>LAKE STEVENS |
| OFFICER/NUMBER:<br>C. [Signature] #15 | DATE SIGNED<br>1/20/15 | LOCATION SIGNED                 |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15000833

Case Numbers: \$SS15000132

Received 01/14/15 13:18:44 BY SPCT04 SP0298  
Entered 01/14/15 13:20:19 BY SPCT04 SP0298  
Dispatched 01/14/15 13:20:31 BY SPDP17 SP0168  
Enroute 01/14/15 13:20:31  
Onscene 01/14/15 13:23:59  
Closed 01/14/15 13:46:51

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: WEST

Src: 9

Loc: LUNDEEN PK/SR 9 NE , LKS (V)

Latitude: (+) 48.003409 Longitude: (-) 122.109818

Loc Info: ON SR 9 SO LOC

Name: GRAY, RICK/CEMEX

Addr:

Phone: 4259234528

/1320 (SP0298) ENTRY , CC, SWEEPER TRK VS RANGER PU, NON INJ, NON BLKG  
/1320 (SP0168) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)  
/1323 (SS75 ) \*ONSCNE 19D3  
/1328 (SP0168) ASNCAS 19D3 \$SS15000132  
/1346 (SP0194) CLEAR 19D3 D/H  
/1346 CLOSE 19D3